



February 28-March 1, 2020

ELEVATE STUDENT MINISTRY'S
WINTER RETREAT 2020

WHERE: Black Rock

Quarryville, PA

If you would like to see what it is like check out their website:

www.blackrockretreat.com

WHEN: February 28-March 1, 2020

Meet @ the church Friday, February 28 @ 4:15pm

We will be back Sunday, March 1 around 3:00pm

COST: \$140 EARLY BIRD

*Permission Form and FULL amount must be turned in by **January 8th)**

\$160 LATE REGISTRATION

*Permission Form and FULL amount must be turned in by **February 5th)**

This covers ALL of your expenses for the weekend

-All meals and snacks

-Lodging at Black Rock

-Journal

-Travel to get there

-other surprises

***No registrations will be accepted after FEBRUARY 5**

****VIP EXPERIENCE****

The First 5 students to register (turn in the FULL amount and permission form) will get a "VIP Experience" during Winter Retreat.

WHAT TO BRING:

- Sleeping Bag
- Pillow
- Toiletries
- Towel
- Clothes for the weekend (remember this is a WINTER retreat)
- Bible
- Snack to share

WHAT NOT TO BRING:

- Bad attitude
- Inappropriate clothing (which includes immodest or offensive pics/writing on shirts)
- Illegal drugs (legal drugs are to be given to an adult sponsor to regulate)
- Alcohol
- Tobacco Products
- Weapons of any kind (and no your body is not a deadly weapon)

Expectations:

By going on this event you agree to respect the adult leaders and fellow students. You also agree to follow rules and instructions given by the adult leadership team. If you fail to do so the leadership team reserves the right to send you home, and you will not be refunded the cost of the event.

**Any questions contact Pastor Derek @ 330-340-6678 or
email at**

pastorderekparson@gmail.com

Elevate's Winter Retreat 2020
Permission Form
February 28-March 1, 2020

I, _____ (parent/guardian), give permission for my student,
_____ to take part in this year's trip to Elevate's Winter Retreat at
Black Rock Retreat in Quarryville, PA sponsored by the Student Ministry of the Laurel Church of the
Nazarene in Laurel, DE.

Recognizing the possibility of injury en route, during and returning from this event, I hereby release from
any and all liability the Student Ministry of the Laurel Church of the Nazarene, The Laurel Church of the
Nazarene, and any adult sponsors of Laurel Nazarene Student Ministries if such injury should occur. I
also give my permission **Pastor Derek Parson, or any adult sponsor** to approve any emergency medical
treatment deemed necessary and have included my medical insurance information below. I understand
that I will be contacted as soon as possible if my student is injured.

I recognize that my student will be riding with adult sponsors and will be expected to remain under their
supervision during the event and during their stay.

_____ (Parent/Guardian Signature) _____ (Date)

Name of Student: _____

Emergency Contact Person: _____

Emergency Contact Phone: _____

Student Insurance Information:

Please list any food allergies below:
